

Michigan Academy of Family Physicians
Testimony before the Senate Reforms, Restructuring and Reinventing
Committee on Senate Bill 002
February 20, 2013

Good morning Chairman Jansen and members of the Senate Reforms, Restructuring and Reinventing Committee. This testimony is being submitted today on behalf of the Michigan Academy of Family Physicians, the state's largest physician specialty association. Representing over 3,000 members, the Academy's mission is to promote excellence in health care and the betterment of the health of the citizens of Michigan. We respectfully oppose Senate Bill 002, as written, as we do not believe the bill is in the best interest of Michigan citizens.

We view the increasing variety of situations in which advanced practice registered nurses (APRNs) are utilized as a strong positive. We agree with health policy makers which see utilization of APRNs as one mechanism to improve the availability of health care services.

However, this bill as written would expand the scope of practice of APRNs to allow for them to practice independently of physician oversight. It allows for independent prescriptive authority and diagnostic privileges. In essence, as currently constructed, allow APRN's to act as a physician.

While the Michigan Academy of Family Physicians believes that APRNs are a valuable part of the healthcare team; we also believe that the interests of the patients are best served when their care is provided within the context of physician-led, collaborative team. The MAFP supports the concept of Patient-Centered Medical Homes. Indeed, team-based, physician-led care results in better quality outcomes, higher patient and physician satisfaction rates, and more cost-effective care.

In states where nurses have independent prescribing authority, data show that nurse practitioners have not improved access to care in traditionally underserved areas. Instead, they tend to practice in more populated areas. In contrast, evidence suggests that family physicians are more likely to practice in rural and underserved areas than any other health care professional.

Shouldn't we ask ourselves what should be the minimum standard for who can practice medicine? It is the ability to make a diagnosis and prescribe - that is the essence of practicing medicine.

I would like to dispel the myth that Family physicians' practices consists of treating simple problems like colds and fever. The vast majority of my patients have complex medical conditions like diabetes, high blood pressure, heart disease, chronic lung and kidney disease. Even when they come in with fever or

congestion one has to distinguish between pneumonia, worsening of their diabetes or heart condition or some combination of the above.

Recently I saw a young man who had been seen treated recently in the ER for a fever and sore throat. The problem was that it was not just a fever and sore throat. There were subtle elements of his complaints that were not quite right. After examining him and asking dozens of other questions, I thought he likely had lymph cancer, which unfortunately was proven true on biopsy. I tell this story to illustrate a point. Many years ago I had seen a similar case in residency and even after many years I was able to recognize it for what it was. That ability was based on the training and experience that I had as a physician.

The challenge I have on a day to day basis as a physician is making the correct diagnosis. To be successful I need to be able to recognize abnormal patterns that might be lost in the clutter of dozens of routine complaints. There was a saying in medical school: "that you will not recognize something you have never seen" commonly shortened to "you don't know what you don't know."

There is a significant difference in the training of an APRN and a Medical or Osteopathic Doctor. Advanced practice registered nurse training is less consistent and not as involved as physician training. Physicians are required to complete four years of graduate-level education followed by anywhere from three to seven years

of residency or fellowship training, which typically amounts to 12,000 to 16,000 patient care hours. In contrast, APRNs are required to complete two to four years of graduate level education with no requirement for residency or fellowship training for a total of 500-720 of required patient care hours.

The Academy recognizes the valuable skills and talents of individuals in the nursing profession. We believe that all aspects of nursing have and remain to be an essential part of the delivery of quality health care to the people of Michigan. That being said, an APRN's training and experience is not equivalent to that of a medical or osteopathic physician.

The MAFP recognizes the dynamic nature of the health care environment. We believe in a model that allows contemporaneous interaction of the physician, APRNs and other staff, as well as fully coordinated access to all health care professionals. We also support exploring opportunities to strengthen this collaborative relationship so that advanced practice registered nurses may practice to the fullest extent of their education and training while ensuring the quality and efficacy of the care that is provided. To that extent we feel that it is a physician by nature of extensive training and by privilege of license that is best suited to provide oversight in such a model.

Under current rules, it is the licensed physician who has the legal authority for diagnosing and prescribing. That authority can and is commonly delegated to APRNs. However, the ultimate responsibility for the wellbeing of the patient, as well as the legal liability remains with the physician.

We appreciate the opportunity we have had to work with the sponsor to address our concerns mentioned today. We have a meeting scheduled with the nurses association next week to continue this dialogue. We look forward to continued engagement with all stakeholders involved in an effort to find common ground on this important issue.

Thank you for your thoughtful consideration of our testimony.